

KDHE Needs Analysis

KDHE NEEDS ANALYSIS (HPSA/MUA DESIGNATIONS AND PUBLIC HEALTH INFORMATICS)

Area	Question	MD	DO	ARNP	PA	Dentist	DH	Required for Underserved Areas Designation	Recommended	Needed for Every Provider (E) or Sample(S)?	Workgroup Discussion
Demographic	License number	x	x	x	x	x	x	x			
Demographic	License Status	x	x	x	x	x	x	x			
Demographic	Name	x	x	x	x	x	x	x			
Demographic	Date of birth	x	x	x	x	x	x	Dentist only	For others		
Demographic	Gender	x	x	x	x	x	x		x		
Demographic	Ethnicity	x	x	x	x	x	x		x		
Demographic	Race	x	x	x	x	x	x		x		
Demographic	Languages spoken	x	x	x	x	x	x		x		
Demographic	Graduate of an International school	x	x	x	x	x	x		x		
Demographic	Permanent US resident or citizen	x	x	x	x	x	x		x		
Demographic	Willing to be included in a registry of potential volunteers to provide professional services during emergency	x	x	x	x	x	x		x		
Demographic	Planning to retire within the next five years	x	x	x	x	x	x		x		
Demographic	Practice specialties/certifications	x	x	x	x	x	x	x			
Demographic	Do you provide direct patient care in Kansas	x	x	x	x	x	x	x			
Demographic	Total hours spent per week in direct patient care, administrative, teaching, research, other, total weekly hours	x	x	x	x	x	x	x			
Worksite Information for each worksite	Organization	x	x	x	x	x	x	x			
Worksite Information for each worksite	Address	x	x	x	x	x	x	x			
Worksite Information for each worksite	City	x	x	x	x	x	x	x			
Worksite Information for each worksite	County	x	x	x	x	x	x	x			
Worksite Information for each worksite	State	x	x	x	x	x	x	x			

Area	Question	MD	DO	ARNP	PA	Dentist	DH	Required for Underserved Areas Designation	Recommended	Needed for Every Provider (E) or Sample(S)?	Workgroup Discussion
Worksite Information for each worksite	Zip	x	x	x	x	x	x	x			
Worksite Information for each worksite	Zip plus 4	x	x	x	x	x	x	x			
Worksite Information for each worksite	Email	x	x	x	x	x	x	x			
Worksite Information for each worksite	Phone	x	x	x	x	x	x	x			
Worksite Information for each worksite	Fax	x	x	x	x	x	x	x			
Worksite Information for each worksite	Work setting type	x	x	x	x	x	x	x			
Worksite Information for each worksite	Number of patients seen in an average week	x	x	x	x	x	x	x			
Worksite Information for each worksite	Percentage Medicaid	x	x	x	x	x	x	x			
Worksite Information for each worksite	If sliding fee scale, what percentage patients receive discount	x	x	x	x	x	x	x			
Worksite Information for each worksite	Hours per week worked at work site	x	x	x	x	x	x	x			
Worksite Information for each worksite	Hours of direct patient care at this site in an average week	x	x	x	x	x	x	x			
Worksite Information for each worksite	Weeks per year worked at work site	x	x	x	x	x	x		x		
Worksite Information for each worksite	Of the hours spent in direct patient care, what percentage in each identified specialty	x	x	x	x	x	x	x			
Worksite Information for each worksite	Accepting new patients	x	x	x	x	x	x		x		
Worksite Information for each worksite	As of today, how many days until next available appointment for a new patient	x	x	x	x	x	x		x		
Worksite Information for each worksite	How many dental auxiliaries (dental hygienists and dental assistances) assist you in providing dental care at this worksite	NO	NO	NO	NO	x	NO	x			

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Responsible Provider (Physician/Dentist) for each worksite	Name	NO	NO	x	x	NO	x		x		
Responsible Provider (Physician/Dentist) for each worksite	Title	NO	NO	x	x	NO	x		x		
Responsible Provider (Physician/Dentist) for each worksite	Organization	NO	NO	x	x	NO	x		x		
Responsible Provider (Physician/Dentist) for each worksite	Address	NO	NO	x	x	NO	x		x		
Responsible Provider (Physician/Dentist) for each worksite	City	NO	NO	x	x	NO	x		x		
Responsible Provider (Physician/Dentist) for each worksite	State	NO	NO	x	x	NO	x		x		
Responsible Provider (Physician/Dentist) for each worksite	Zip	NO	NO	x	x	NO	x		x		
Responsible Provider (Physician/Dentist) for each worksite	Zip plus 4	NO	NO	x	x	NO	x		x		
Responsible Provider (Physician/Dentist) for each worksite	Email	NO	NO	x	x	NO	x		x		
Responsible Provider (Physician/Dentist) for each worksite	Phone	NO	NO	x	x	NO	x		x		
Responsible Provider (Physician/Dentist) for each worksite	Fax	NO	NO	x	x	NO	x		x		
Responsible Provider (Physician/Dentist) for each worksite	Percentage time at work site	NO	NO	x	x	NO	x		x		